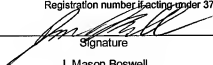


PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2006 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		Docket Number (Optional) 367618014US1	
Application Number 10/758,684-Conf. #4952		Filed January 15, 2004	
For COMPENSATION FOR OVERFLIGHT VELOCITY WHEN STABILIZING AN AIRBORNE CAMERA			
Art Unit 2613		Examiner J. E. Shepard	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
<input type="checkbox"/>	One month (37 CFR 1.17(a)(1))	Fee	Small Entity Fee
<input checked="" type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$120	\$60 \$ 225.00
<input type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$450	\$225 \$ 510
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$1020	\$510 \$ 795
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$1590	\$795 \$ 1080
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$2160	\$1080 \$
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.			
<input type="checkbox"/> A check in the amount of the fee is enclosed.			
<input checked="" type="checkbox"/> Payment by Electronic Funds Transfer.			
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.			
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>50-0665</u> . I have enclosed a duplicate copy of this sheet.			
I am the <input type="checkbox"/> applicant/inventor.			
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.			
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).			
<input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>58,388</u>			
<input type="checkbox"/> attorney or agent under 37 CFR 1.34.			
Registration number if acting under 37 CFR 1.34			
 Signature		<u>3/14/2007</u> Date	
J. Mason Boswell Typed or printed name		(206) 359-8000 Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input type="checkbox"/> Total of <u>1</u> forms are submitted.			